



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF CLINICAL SOCIAL WORK EXAMINERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

REQUEST FOR EXEMPTION FROM DOCUMENTING HOURS OF SUPERVISED EXPERIENCE

INSTRUCTIONS

The instructions for applying for a clinical social worker license include a requirement for your supervisor(s) to submit a *Supervisory Reference Form(s)* to verify that you have at least 1600 hours of clinical social work experience under supervision acceptable to the Board. You will be exempted from submitting the forms from your supervisor(s) if you are *currently* practicing clinical social work and you have practiced for at least 20 years. However, it is important to understand that ***only the verification forms are waived***; you must still have the required hours of clinical experience and you must also meet all other licensure requirements explained in the instructions.

To claim the exemption, complete and sign this form. **Enclose it** with your [Application for Licensure as a Clinical Social Worker](#).

1. Name: _____
2. Social Security Number: _____
3. Address: _____

City State Zip
4. Are you *currently* practicing clinical social work? Yes ☐ No ☐
5. Have you practiced clinical social work for at least 20 years? Yes ☐ No ☐
6. Have you already passed the national clinical social work licensing examination? Yes ☐ No ☐

I request exemption from the requirement to submit *Supervisory Reference Form(s)* documenting that I have at least 1600 hours of clinical social work experience under supervision acceptable to the Board. I understand that I must nonetheless have the required hours of clinical experience and meet all other requirements for licensure.

Signature: _____ **Date:** _____